



# THE MCKENZIE INSTITUTE LOWER EXTREMITIES ASSESSMENT

Date \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Referral: GP / Orth / Self / Other \_\_\_\_\_

Work demands \_\_\_\_\_

Leisure activities \_\_\_\_\_

Functional limitation for present episode \_\_\_\_\_

Outcome / Screening score \_\_\_\_\_

NPRS (0-10) \_\_\_\_\_

Present symptoms \_\_\_\_\_

Present since \_\_\_\_\_ improving / unchanging / worsening

Commenced as a result of \_\_\_\_\_ no apparent reason

Symptoms at onset \_\_\_\_\_

Paraesthesia: yes / no

Spinal history \_\_\_\_\_

Cough / Sneeze +ve / -ve

Constant symptoms: \_\_\_\_\_ Intermittent symptoms: \_\_\_\_\_

**Worse** bending sitting / rising / first few steps standing walking stairs squatting / kneeling  
am / as the day progresses / pm when still / on the move Sleeping: prone / sup / side R / L  
Other \_\_\_\_\_

**Better** bending sitting standing walking stairs squatting / kneeling  
am / as the day progresses / pm when still / on the move Sleeping: prone / sup / side R / L  
other \_\_\_\_\_

Continued use makes the pain: better worse no effect Disturbed sleep yes / no

Pain at rest yes / no Site: back / hip / knee / ankle / foot

Other Questions: swelling catching / clicking / locking giving way / falling

Previous history \_\_\_\_\_

Previous treatments \_\_\_\_\_

Medications \_\_\_\_\_

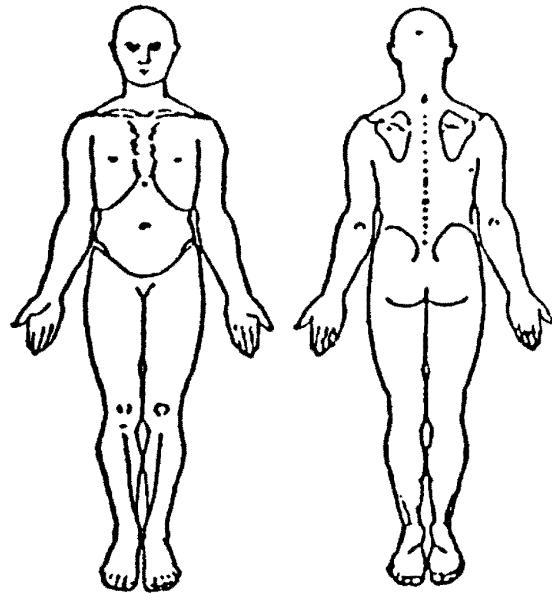
General health / Comorbidities: \_\_\_\_\_

Recent / relevant surgery: yes / no \_\_\_\_\_

History of cancer: yes / no \_\_\_\_\_ Unexplained weight loss: yes / no \_\_\_\_\_

History of trauma: yes / no \_\_\_\_\_ Imaging: yes / no \_\_\_\_\_

Patient goals / expectations \_\_\_\_\_



## EXAMINATION

### POSTURAL OBSERVATION

Sitting: lordotic / neutral / kyphotic      Change of posture: better / worse / no effect      Standing: lordotic / neutral / kyphotic

Other observations: \_\_\_\_\_

**NEUROLOGICAL:** NA / motor / sensory / reflexes / neurodynamic \_\_\_\_\_

**BASELINES:** Pain and functional activity \_\_\_\_\_

**EXTREMITIES**      hip / knee / ankle / foot \_\_\_\_\_

| MOVEMENT LOSS   | Maj | Mod | Min | Nil | Symptoms |
|-----------------|-----|-----|-----|-----|----------|
| Flexion         |     |     |     |     |          |
| Extension       |     |     |     |     |          |
| Dorsi Flexion   |     |     |     |     |          |
| Plantar Flexion |     |     |     |     |          |
| Other:          |     |     |     |     |          |

|                       | Maj | Mod | Min | Nil | Symptoms |
|-----------------------|-----|-----|-----|-----|----------|
| Adduction / Inversion |     |     |     |     |          |
| Abduction / Eversion  |     |     |     |     |          |
| Internal Rotation     |     |     |     |     |          |
| External Rotation     |     |     |     |     |          |
| Other:                |     |     |     |     |          |

**Passive Movement:** note symptoms, range and +/- over pressure: \_\_\_\_\_

| PDM | ERP |
|-----|-----|
|     |     |
|     |     |
|     |     |

**Resisted test pain response** \_\_\_\_\_

**Other tests / static positioning** \_\_\_\_\_

### SPINE

Movement Loss \_\_\_\_\_

Effect of repeated movements \_\_\_\_\_

Effect of static positioning \_\_\_\_\_

Spine testing not relevant / relevant / secondary problem \_\_\_\_\_

**Baseline Symptoms** \_\_\_\_\_

| Repeated Tests   | Symptomatic Response                                  |                                       | Mechanical Response                                      |           |
|--|---|---------------------------------------|--|-----------|
|  | During<br>Produce, Abolish,<br>Increase, Decrease, NE | After<br>Better, Worse, NB, NW,<br>NE | Effect<br>↑ or ↓ ROM, strength<br>or key functional test | No Effect |
| Active / Passive movement,<br>resisted test, functional test |   |                                       |  |           |
|  |   |                                       |  |           |
|  |   |                                       |  |           |
|  |   |                                       |  |           |
|  |   |                                       |  |           |
|  |   |                                       |  |           |

### PROVISIONAL CLASSIFICATION

#### Extremities

#### Spine

Derangement \_\_\_\_\_

Directional Preference \_\_\_\_\_

Dysfunction: Articular / Contractile \_\_\_\_\_

Postural OTHER subgroup: \_\_\_\_\_

### POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY

Comorbidities

Cognitive - Emotional

Contextual

Descriptions: \_\_\_\_\_

### PRINCIPLES OF MANAGEMENT

Education \_\_\_\_\_

Exercise type \_\_\_\_\_ Frequency \_\_\_\_\_

Other exercises / interventions \_\_\_\_\_

Management goals \_\_\_\_\_

Signature \_\_\_\_\_